U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 32/38	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2064		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Rudy Sparks	Name Vaborers Intrl. Union of M.A. local #4		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 8085 Tuckaway CT.	Street 6415 Kennedy AV.		
City Crown POINT	City Hammond		
State INdiaNa ZIP Code +4 46383	State IN ZIP Code + 4 463a 3		
5. Position in labor organization. Pres. Field Rep).		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
p			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Si	gnature		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information inying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed Rudy Sparks	On 7-8-05 219-942-0994 Telephone Number		

Name of Person Filing Rudy Sparks	File Number U- 3	038
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	which dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Site Restoration Services, US Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
street 5225 E. 145 hre. Civ Crown Point.		
State Indiana ZIP Code +4 46307	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Laborer Local #41		
Trade Name, if any:	Ham	i de la companya de l
P.O. Box, Bidg., Room No., if any		
street 6415 Kennedy ave.	11.b. Approximate dollar value of such dealing.	65.00
City Hammond	12.a. Nature of interest held or income receive	
State TNdiara ZIP Code + 4 46323		
	12.b. Amount.	
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name [
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		Anna anna anna anna anna anna anna anna
Street		Yearm essential
City		and property of the control of the c
State ZiP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Kudy Sparks		File Number U- 30	28
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the busines ely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Stewart C. Miller F.Co., I.N.C. Trade Name, if any: Adminstrative Procedures P.O. Box, Bldg., Room No., if any Street 2111 West Lincoln Highway City Merrill Ville State Indiano ZIP Code + 4 469/0	9. Business deals with: a. Labor Organiza b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	lling.	
Name Construction Workers Pension fine Trade Name, if any: P.O. Box, Bldg., Room No., if any	Can Pape	orn	
Street 2111 W. LINCOLN HIGHWAY			100 A 48
CHy Merrilluille	11.b. Approximate dollar va		130.98
State INDIANA ZIP Code +4 46410	12.a. Nature of interest h	or moune received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Trade Name, if any:			•
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
12 h Is the Projector on Factors T	14.b. Amount of payment	t.	
13.b. Is the Business an Employer or Consultant?			

Name of Person Filing Rudy Sparks		File Number U- 303	8
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Legacy Protessionals LCP Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite IF Street 930/ Calumet Ave. City Munster State Indiana ZiP Code +4 4432/	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name Laborer's Local # 4/ Trade Name, if any: P.O. Box, Bldg., Room No., if any	Lunch		
street 6415 Kennedy Ave.	11.b. Approximate dollar va	lue of such dealing.	27.00
city Hammond	12.a. Nature of interest he	eld or income received.	
State FNGIANG ZIP Code +4 46323			
	12.b. Amount.		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	- According		
City	Transcription of the Control of the		THE PROPERTY OF THE PROPERTY O
State ZIP Code + 4			t en
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment	. [

Name of Person Filing Rudy Sparks	File Number U- 3038
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwing of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	se dealing with the business by seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Amalga Trust Company INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One West Monroe City Chicago State Illinois ZIP Code +4 60603	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Construction Workers Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W. LINCOLN Highway City Merrillville State Indiana ZIP Code + 4 469/0	11.a. Nature of such dealing. May 4 th - 28.68 Sept. 21, 23-88.56 Oct. 5 th - 73.17 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Kudy Sparks	-	File Number U-302	38
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	5	
8. Name and address of Business (including trade name, if any). Name Amalga Trust Company Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Onc West Monroe City Chicago State Illinois IP Code +4 60603	9. Business deals with: a. Labor Organiza b. Trust c. Employer		The first section of the section of
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Construction Workers Pension Resorrate Name, if any: P.O. Box, Bldg., Room No., if any Street 2/// W. Lincoln Highway City Merrillville State Indiana ZiP Code + 4 464/0	11.a. Nature of such deal May 30 5 white Son	tickets - 79 Food -	1/pmm = 222. 42.66
C. Received from any employer (other than an employer covered und			
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment		